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OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453
Student Department 405.522.7621 • www.cosmo.ok.gov

J. KEVIN STITT
Governor

MALENA CURTSINGER
Executive Director

STUDENT REGISTRATION APPLICATION

This form must be accompanied by copy of student contract, current photo, and proof of at least an 8th grade education.
Registration effective for 2 years (if attending same course in same school). No hours will be credited until registration receipt is issued.

I hereby make application as a student for the purpose of acquiring knowledge of the profession in:

Name of Cosmetology/Barber School _____ Address _____ City _____ Zip _____

Last Name _____ First Name _____ Middle Initial _____ Maiden Name _____

Social Security Number: _____ Date of Birth: Month _____ Day _____ Year _____

Home Address _____ City _____ State _____ Zip _____
RESIDENCE ADDRESS REQUIRED BY LAW (§59-199.3-B-3). PO BOX IS ACCEPTABLE

Phone Number _____ Instructor Name: _____

Signature of Instructor: X _____

If applicant is less than 18 years of age, attach a copy of Birth Certificate or other legal proof of age

Name under which enrolled in public school: _____

Does Applicant hold a High School diploma or GED? Yes No If no, highest grade completed: _____ Date of graduation or withdrawal: _____

If Applicant holds an expired Oklahoma license, answer the following three questions:

In what year were you last licensed? _____ Last School attended, with dates: _____

List any previous names under which you were licensed: _____



Date of Photo:

____ / ____ / ____

SCHOOL USE ONLY		
Please check the Student type:		
<input type="checkbox"/> New Student	<input type="checkbox"/> Re-Registration	<input type="checkbox"/> Transfer
Please check the Student's registered course:		
<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor
<input type="checkbox"/> Master Barber Instructor	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor
<input type="checkbox"/> Cosmetologist		<input type="checkbox"/> Cosmetician
<input type="checkbox"/> Master Cosmetology Instructor		<input type="checkbox"/> Additional/Review Hours
For how many hours is the Student registered? _____		
Last School Attended: _____ Last Year Attended: _____		

I will faithfully obey any and all requirements of law, sanitation, rules and regulations of the State Board of Cosmetology and Barbering. I have read and received a copy of the School Contract. I certify that the above photo is of me, and I solemnly swear that the foregoing statements are true and correct.

X _____
Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 20 _____.

State of _____ County of _____

Commission # _____

My commission expires _____ Notary Public _____

